



APPLICATION FOR OCCUPANCY

For Office Use Only

Date Rec'd _____

Date/Time Rec'd _____

Initials _____

Preference given to PHA/ Sec 8.

Please submit this application either online or in person to the community where you are applying.

Please check the box for the property for which you would like to apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Crozet Meadows (+55/disabled) | <input type="checkbox"/> Cynthianna Avenue (multi-family) | <input type="checkbox"/> Kindlewood (multi-family) |
| <input type="checkbox"/> Monticello Vista (+55/disabled) | <input type="checkbox"/> Ryan School (+62 elderly) | <input type="checkbox"/> The Meadowlands (+55/disabled) |
| <input type="checkbox"/> Timberlake Place (+55/disabled) | <input type="checkbox"/> Virnita Court (multi-family) | <input type="checkbox"/> Woods Edge (+55/disabled) |
| | | <input type="checkbox"/> Hickory Hope (multi-family) |

PLEASE PRINT CLEARLY:

	Applicant (Head of Household)	Spouse/Co-Head of Household
Name	_____	_____
	(first, middle, last)	(first, middle, last)
Birthdate	_____	_____
S.S. #	_____	_____
	Marital Status _____	Marital Status _____
ID #	_____	State _____ Exp _____

Disability Status: Do you have a disability that requires a unit with accessibility features? ☐ Yes ☐ No
If yes, please circle the features that you need: roll-in shower, lowered peephole, roll-under sinks, wider doorways, wheelchair turnaround radius in kitchen and bathroom, strobe light doorbell, fire alarm and phone, and audio-enhanced doorbell, telephone and fire alarm.

Current Subsidy Status: Are you currently receiving a housing subsidy? ☐ Yes ☐ No

Current Address

Address _____			
Street	City	State	Zip
Your Phone # _____		Your Email Address _____	
How long have you lived here? _____		<input type="checkbox"/> Rent <input type="checkbox"/> Own	Monthly Rent \$ _____
Current Landlord _____		Landlord's Phone # _____	
Landlord's Address _____			
Street	City	State	Zip

Previous Address

Address _____			
Street	City	State	Zip
<input type="checkbox"/> Rented <input type="checkbox"/> Owned	Dates you lived here? From: _____ to _____		Monthly Rent \$ _____
Landlord's Name _____		Phone _____	

Landlord's Address _____
 Street City State Zip

**** Please provide landlord information for your last two places of residence AND the last five years. If the total time that you lived in these two places is less than five years, additional landlord information can be listed below.**

Please list any states in which you or any member of your household has ever resided: _____

Please list any aliases used by any member of your household: _____

Household Composition

List all persons who will be living in your home, with the head of household listed first.

Name of Household Member	Relationship	Date of Birth	Citizen (Y/N)	Full or Part-time Student (Y/N)	Social Security Number*
1.	Head				
2.					
3.					
4.					
5.					
6.					
7.					
8.					

*If a household member has no Social Security number and he/she was 62 or older on 01/31/2010 and receiving HUD assistance at another location on 01/31/2010, he/she is exempt from disclosing and providing verification of an SSN.

Income Information

List all money earned, received, or anticipated by each member of your household. This includes wages, self-employment, child support, Social Security, SSI, Worker's Compensation, pensions, TANF, regular gifts, alimony, and other sources.

Household Member	Gross Monthly Wages*	Monthly TANF	Monthly Child Support	Monthly Social Security/SSI	Monthly Unemployment	All Other Income (Monthly)

**Include wages for household members 18 years of age or older. All other forms of income must be declared for household members of any age.*

Assets

List all checking accounts, savings accounts, IRAs, 401Ks, Certificates of Deposit, stocks, bonds, and real estate of all household members.

Household Member	Type of Asset	Bank or Institution	Current Value/Balance

Have you sold or given away any assets in the last two years for less than its fair market value? ☐ Yes ☐ No

1.

Do you own an automobile?

☐ Yes ☐ No
2.

Do you own a pet?

☐ Yes ☐ No

If yes, what breed/weight? _____
3.

Have you or any member of your family been evicted in the last three years from federally assisted housing for drug-related criminal activity?

☐ Yes ☐ No
4.

Have you ever been terminated from a subsidized housing program?.....

☐ Yes ☐ No
5.

Is any member of your household subject to lifetime registration as a sex offender?.....

☐ Yes ☐ No
6.

How did you hear about this community? _____
7.

If you are unable to communicate (written/verbal) with us in English, in which language do you need information? _____
8.

What type of apartment are you interested in? ☐ Studio ☐ 1 BR ☐ 2 BR ☐ 3 BR ☐ 4 BR

I/We certify that if selected to move into this community, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility for subsidized housing. I/We authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background, and verification information that may be released to appropriate federal, state, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law and may negate this application and any resulting rental agreement.

Signature:

Applicant (Head of Household) _____

Date _____

Signature:

Spouse/Co-Applicant _____

Date _____

Signature:

Other Adult (18 yrs. and older) _____

Date _____

Signature:

Other Adult (18 yrs. and older) _____

Date _____

☐ A Piedmont Housing Alliance staff member assisted the applicant(s) in completing this application. Staff member assisting: _____

The following attachments are included with this application. Completion of both forms is optional. If you choose not to complete one or both, please write "Choose not to complete" on the form(s) and return them with your completed application.

1. HUD Form 92006 Supplement to Application for Federally Assisted Housing
2. HUD Form 27061-H Race and Ethnic Data Reporting Form



STATEMENT OF NONDISCRIMINATION ON BASIS OF DISABILITY: The owner and managing agent of this property do not discriminate based on disability status in the admission or access to, or treatment or employment in, their federally assisted programs and activities. Applicants with a disability have the right to request reasonable accommodations when necessary to participate in the application process or use the housing programs effectively. To request Reasonable Accommodation, please contact the property's management office.

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Our Properties

ALBEMARLE COUNTY	CITY of CHARLOTTESVILLE	NELSON COUNTY
<u>Crozet Meadows</u> – (434) 825-8123 5735 Meadows Drive, Crozet VA (55+ / disabled)	<u>Cynthianna</u> – (434) 806-5065 802 Cynthianna Ave, Charlottesville (families)	<u>Ryan School</u> – (434) 806-5007 105 Ryan Circle, Shipman, VA 22971. (62+ seniors)
<u>The Meadowlands</u> – (434) 825-8123 5735 Meadows Drive, Crozet VA (seniors & disabled)	<u>Kindlewood Apts.</u> – (434) 295-8005 460 Garrett Street, Charlottesville (families)	
<u>Scottsville School</u> – (434) 806-5007 300 Page St, Scottsville, VA (must apply with Albemarle Housing)	<u>Monticello Vista</u> – (434) 825-0574 1400 Monticello Rd, Charlottesville (seniors & disabled)	
<u>Woods Edge</u> – (434) 426-5057 829 Mallside Forest Ct, Charlottesville (seniors)	<u>Timberlake Place</u> – (434) 825-0574 1518 E Market Street, Charlottesville (seniors)	
<u>Hickory Hope</u> (434) 422-5488 2980 Horizon Road Charlottesville, VA 22902	<u>Virnita Court</u> – (434) 806-5065 800 Rose Hill Drive, Charlottesville (families)	